U.S. Department of Labor Office of Labor-Management Standards Washington, DC 20210

FORM LM-30 LABOR ORGANIZATION OFFICER AND EMPLOYEE REPORT

Form approved Office of Management and Budget No. 1215-0188 Expires 11-30-2006

This report is mandatory under P.L. 86-257, as amended. Failure to comply may result in criminal prosecution, fines, or civil penalties as provided by 29 U.S.C 439 or 440.



1. File Number U-

READ THE INSTRUCTIONS CAREFULLY BEFORE PREPARING THIS REPORT.

2. Fiscal Year Covered From:

1 / 1 / 2004 Through: 2 / 31 / 2004

3. Name and address of person filing.	4. Name, file number, and address of labor organization.	
Name Thomas Hummei	Name Teamsters Local 470	
	Labor Organization File Number	
P.O. Box, Bldg., Room No., if any	P.O. Box, Building and Room Number, if any	
Street 109 Chester Pike	Street 3565 Sepviva Street	
City Norwood	City Philadelphia	
State PA ZIP Code + 4 19074	State PA ZIP Code + 4 19134	
5. Position in labor organization.		
Enter appropriate data below If, during the past fiscal year, you or your spouse or minor child directly or indirectly had any of the following interests (except as specified in the exclusions set forth in the instructions):		
A. Held an interest in, engaged in transactions (including loans) with, or comonetary value from an employer whose employees your organization	derived income or other economic benefit of on represents or is actively seeking to represent.	
Name and address of Employer (including trade name, if any).	7.a. Nature of Interest, Transaction, or Income.	
Name Trade Name, if any:		
P.O. Box, Bldg., Room No., if any	7.b. Amount.	
Street	7.b. Amount.	
City		
State ZIP Code + 4		
Signature		
15. Signature and verification. The undersigned declares, under penalty of Perjury and other applicable penalties of the law, that all of the information submitted in this report (including the information contained in any accompanying documents), has been examined by the signatory and is, to the best of the undersigned's knowledge and belief, true, correct and complete. (See the section on penalties in the instructions.)		
Signed	On	
Form LM-30 (2003)	Date Telephone Number	

lame of Person Filing Thomas Humme1		File Number U-	
B. Held an interest in or derived income or economic benefit with monetary value from a business (1) a substantial part of which consists of buying from, selling or leasing to, or otherwise dealing with the business of an employer whose employees your labor organization represents or is actively seeking to represent, or (2) any part of which consists of buying from or selling or leasing directly or indirectly to, or otherwise dealing with your labor organization or with a trust in which your labor organization is interested.			
8. Name and address of Business (including trade name, if any). Name Teamsters H&W Plan of Phila. Trade Name, if any: P.O. Box, Bldg., Room No., if any Street 125 N. 4th Street City Philadelphia State PA ZIP Code + 4 19106	9. Business deals with: X	tion .	
10. If 9.b. or 9.c. is checked give trust or employer's name.	11.a. Nature of such deali	ng.	
Name Trade Name, if any:	Administers Tea Philadelphia &	msters H&W Plan of Vicinity	
P.O. Box, Bldg., Room No., if any	1000		
Street	11.b. Approximate dollar value of such dealing. \$0		
City	12.a. Nature of interest held	d or income received.	
State ZIP Code + 4	and meals for 4	rsement for travel, lodging, day annual meeting of es from May 2 through May 6, 200 , FL.	
	12.b. Amount.	\$2,855.00	
C. Received from any employer (other than an employer covered unde or from any labor relations consultant to an employer any payment of money			
	14.a. Nature of payment.		
13.a. Name and address of Employer or Labor Relations Consultant (including trade name, if any).	The state of paymont.		
Name			
Trade Name, if any:		All property and the second	
P.O. Box, Bldg., Room No., if any Street			
CHOCK [Life Section of the Desire of State of St			
City State ZIP Code + 4			
13.b. Is the Business an Employer or Consultant?	14.b. Amount of payment.		

Name of Person Filing I NOMAS HUMME I	File Number U-		
B. Held an interest in or derived income or economic benefit with monetary value from a business (1) a substantial part of which consists of buying from, selling or leasing to, or otherwise dealing with the business of an employer whose employees your labor organization represents or is actively seeking to represent, or (2) any part of which consists of buying from or selling or leasing directly or indirectly to, or otherwise dealing with your labor organization or with a trust in which your labor organization is interested.			
8. Name and address of Business (including trade name, if any). Name Teamsters H&W Plan of Phila. Trade Name, if any: P.O. Box, Bldg., Room No., if any Street 125 N. 4th Street City Philadelphia State PA ZIP Code +4 19106	9. Business deals with: a. Labor Organization b. Trust c. Employer		
10. If 9.b. or 9.c. is checked give trust or employer's name. Name Trade Name, if any: P.O. Box, Bldg., Room No., if any	11.a. Nature of such dealing. Administers of Teamsters H&W Plan of Philadelphia & Vicinity		
Street	11.b. Approximate dollar value of such dealing. \$0		
State ZIP Code + 4	Received reimbursement for travel, lodging and meals for 4 day annual meeting of Board of Trustees from May 2 through May 6, 2004 in Marco Island, FL		
	12.b. Amount. \$2,855.00		
C. Received from any employer (other than an employer covered under parts A and B above) or from any labor relations consultant to an employer any payment of money or other thing of value.			
13.a. Name and address of Employer or Labor Relations Consultant (including trade name, if any).	14.a. Nature of payment.		
Name Trade Name, if any:			
P.O. Box, Bldg., Room No., if any Street City State ZIP Code + 4			
13.b. Is the Business an Employer or Consultant?	14.b. Amount of payment.		

Name of Person Filing Thomas Humme 7	File Number U-		
B. Held an interest in or derived income or economic benefit with monetary value from a business (1) a substantial part of which consists of buying from, selling or leasing to, or otherwise dealing with the business of an employer whose employees your labor organization represents or is actively seeking to represent, or (2) any part of which consists of buying from or selling or leasing directly or indirectly to, or otherwise dealing with your labor organization or with a trust in which your labor organization is interested.			
8. Name and address of Business (including trade name, if any). Name International Federation of Employee Benefits Plate Trade Name, if any: P.O. Box, Bldg., Room No., if any Street 18700 W. Bluemond Road City Brookfield State Wisconsin ZIP Code + 4 06040	9. Business deals with: a. Labor Organization X b. Trust c. Employer		
10. If 9.b. or 9.c. is checked give trust or employer's name. Name Teamsters H&W Plan of Phila. & Vicinity Trade Name, if any: P.O. Box, Bldg., Room No., if any Street 125 N. 4th Street City Philadelphia State PA ZIP Code + 4 19106	benefit plans and their trustees 11.b. Approximate dollar value of such dealing. \$0 12.a. Nature of interest held or income received. Received annual dues and fees and registration for meeting in Atlantic City, NJ.		
	12.b. Amount. \$1,282.00		
C. Received from any employer (other than an employer covered under parts A and B above) or from any labor relations consultant to an employer any payment of money or other thing of value.			
13.a. Name and address of Employer or Labor Relations Consultant (including trade name, if any).	14.a. Nature of payment.		
Name			
Trade Name, if any:			
P.O. Box, Bldg., Room No., if any Street City State ZIP Code + 4			
13.b. Is the Business an Employer or Consultant?	14.b. Amount of payment.		

Name of Person Filing Thômas Humme 1	File Number U-		
B. Held an interest in or derived income or economic benefit with monetary value from a business (1) a substantial part of which consists of buying from, selling or leasing to, or otherwise dealing with the business of an employer whose employees your labor organization represents or is actively seeking to represent, or (2) any part of which consists of buying from or selling or leasing directly or indirectly to, or otherwise dealing with your labor organization or with a trust in which your labor organization is interested.			
8. Name and address of Business (including trade name, if any). Name SEI Investments Trade Name, if any: P.O. Box, Bldg., Room No., if any Street One Freedom Valley Drive City Oaks State PA ZIP Code +4 19456	9. Business deals with: a. Labor Organization b. Trust c. Employer		
10. If 9.b. or 9.c. is checked give trust or employer's name. Name Teamsters Pension and H&W Funds Trade Name, if any: P.O. Box, Bldg., Room No., if any Street 125 N. 4th Street City Philadelphia State PA ZIP Code +4 19106	11.a. Nature of such dealing. Manages investments for the Teamsters Pension and H&W Funds of Philadelphia and vicinity 11.b. Approximate dollar value of such dealing. 12.a. Nature of interest held or income received. My wife and I attended a dinner as guests of		
	SEI Investments during the annual meeting of the Board of Trustees of the Teamsters Pensio and H&W Funds in Marco Island, FL in May 2004 12.b. Amount. \$220.00		
C. Received from any employer (other than an employer covered unde or from any labor relations consultant to an employer any payment of money			
13.a. Name and address of Employer or Labor Relations Consultant (including trade name, if any).	14.a. Nature of payment.		
Name Trade Name, if any:			
P.O. Box, Bldg., Room No., if any Street City State ZIP Code + 4			
13.b. Is the Business an Employer or Consultant?	14.b. Amount of payment.		

Name of Person Filing Thomas Hummel	File Number U-		
B. Held an interest in or derived income or economic benefit with monetary value from a business (1) a substantial part of which consists of buying from, selling or leasing to, or otherwise dealing with the business of an employer whose employees your labor organization represents or is actively seeking to represent, or (2) any part of which consists of buying from or selling or leasing directly or indirectly to, or otherwise dealing with your labor organization or with a trust in which your labor organization is interested.			
Name and address of Business (including trade name, if any).	9. Business deals with:		
Name Teamsters Pension Plan of Phila.			
Trade Name, if any:	x a. Labor Organization		
P.O. Box, Bldg., Room No., if any	b. Trust		
Street 125 N. 4th Street	c. Employer		
city Philadelphia			
State PA ZIP Code + 4 19106			
10. If 9.b. or 9.c. is checked give trust or employer's name.	11.a. Nature of such dealing.		
Name	Administers Teamsters Pension Fund of		
Trade Name, if any:	Philadelphia & Vicinity		
P.O. Box, Bldg., Room No., if any			
Street	11 h. Approximate dollar value of such dealing. \$0		
City	11.b. Approximate dollar value of such dealing. \$\text{\$\psi\$U\$}\$ 12.a. Nature of interest held or income received.		
State ZIP Code + 4	Received reimbursement for travel, lodging, and meals for 4 day annual meeting of the Board of Trustees from May 2 through May 6, 2004 in Marco Island, FL		
	12.b. Amount. \$2,855.00		
C. Received from any employer (other than an employer covered under from any labor relations consultant to an employer any payment of money			
13.a. Name and address of Employer or Labor Relations Consultant	14.a. Nature of payment.		
(including trade name, if any).			
Name			
Trade Name, if any:			
P.O. Box, Bldg., Room No., if any			
Street			
City State ZIP Code + 4			
13.b. Is the Business an Employer or Consultant?	14.b. Amount of payment.		

Name of Person Filing Thomas Hummel		File Number U-	
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8. Name and address of Business (including trade name, if any). Name International Foundation of Employee Benefits Pl Trade Name, if any: P.O. Box, Bldg., Room No., if any Street 18700 W: Bluemond Road City Brookfield State Wisconsin ZIP Code + 4 06040	9. Business deals with: ans a. Labor Organiza b. Trust c. Employer	tion	
10. If 9.b. or 9.c. is checked give trust or employer's name. Name leamsters Pension Plan of Phila. Trade Name, if any: P.O. Box, Bldg., Room No., if any Street 125 N. 4th Street City Philadelphia State PA ZIP Code + 4 19106	Fund and their 11.b. Approximate dollar valu 12.a. Nature of interest hele	educational services to pension trustees de of such dealing. d or income received. dues and registration for	
	12.b. Amount.	\$1,282.00	
C. Received from any employer (other than an employer covered unde or from any labor relations consultant to an employer any payment of money	r parts A and B above) or other thing of value.		
13.a. Name and address of Employer or Labor Relations Consultant (including trade name, if any).	14.a. Nature of payment.		
Name Trade Name, if any: P.O. Box, Bldg., Room No., if any Street City			
State ZIP Code + 4	14.b. Amount of payment.		
13.b. Is the Business an Employer or Consultant?			